

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568,311

FILING DATE

2-16-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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25						
26						
27						
28						
29		1				
30			1	-		
31			1	-		
32			1	-		
33			1	-		
34			1	-		
35			1	-		
36			1	-		
37			1	-		
38			1	-		
39			1	-		
40			1	-		
41			1	-		
42			1	-		
43			1	-		
44			1	-		
45			1	-		
46			1	-		
47			1	-		
48			1	-		
49			1	-		
50			1	-		
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	-
52					1	-
53					1	-
54					1	-
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99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	